



NEBO SCHOOL DISTRICT

PAYMENT REQUEST

Date prepared: _____

Alto Employee/Vendor Number: _____

Payee Name: _____

Street Address: _____

City, State, and Zip Code: _____

Detailed description of purpose of the expenditure(s) to justify the use of public funds:

ACTE National & State Dues (National \$80, State \$35, Total \$115)

Utah ACTE Mid-Winter Conference (\$40)

Mileage to

Bingham High School 1 day round trip 80 Miles, 2 days 160 miles

Account(s) to be charged and amount(s) to be paid:

Fund	Location	Year	Program	Function	Object	Amount
10	830	23	6911	2200	810	
10	830	23	6911	2200	330	
10	830	23	6911	2200	581	
Total						

Approver certification:

I have reviewed this payment request and assume responsibility for its accuracy. I certify that to the best of my knowledge, Nebo School District policies have been strictly adhered to for expenditures related to this payment request and all applicable supporting documentation has been attached. I further certify that to the best of my knowledge, the individual or organization shown above is rightfully entitled to the requested funds and has performed all duties required to receive the requested funds.

Preparer Signature _____

Director Signature _____

CTE Coordinator or Budget Manager Signature _____

Business Administrator Signature _____

Superintendent Signature _____